

**UNITED STATES DISTRICT COURT
DISTRICT OF OREGON**

AMBER CURTIS

Plaintiff.

v.

MICHAEL ASTRUE,
Commissioner of Social Security,

Defendant.

CV '11 case # 1351 SI

APPLICATION TO PROCEED
IN FORMA PAUPERIS

I, Amber Curtis, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefore and that I am entitled to the relief sought in the Complaint.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No

If "yes," have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account showing transactions for the past six months.

2. Are you currently employed? ☐ Yes ☒ No
 a. If the answer is "yes," state the amount of your pay.
 If the answer is "no," state the date of your last employment, the amount of your take home salary or wages and pay period, and the name and address of your last employer: 2009 Adelphi Consulting Group \$8.50 per hour.

3. In the past twelve months, have you received any money from any of the following sources?

- | | | | |
|----|--|---|--|
| a. | Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. | Rent payments, interest or dividends | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Rent \$680.00 paid by Section 8 | | |
| c. | Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. | Disability or workers' compensation payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. | Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. | Any other sources | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | EBT Food \$367.00 per month, TANF \$432.00 | | |

If the answer to any of these above is "yes," describe by that item each source of money and state the amount received and what you expect you will continue to receive. ~~Please~~ **RECEIVED**
 attach an additional sheet if necessary.

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SCHNEIDER
LAW OFFICES

4. Do you have cash or checking or savings accounts (including prison trust accounts)?
☐ Yes ☒ No

If yes, state the total amount:

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "yes," list the asset(s) and state the value of each asset listed.

6. Do you have any other assets? ☐ Yes ☒ No
If "yes," list the asset(s) and state the value of each asset listed.

7. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.
Conner Davis - age 3(son)

I declare under penalty of perjury that the above information is true and correct.

11-1-11
DATE

Amber Curtis
SIGNATURE OF Amber Curtis

CERTIFICATE

(To be completed by the institution of incarceration.)

I certify that the applicant named herein has the sum of \$_____ on account to his/her credit at _____ (name of institution). I further certify that during the past six months the applicant's average monthly balance was \$_____. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$_____.

I have attached a certified copy of the applicant's trust account statement showing the transactions for the past six months.

DATE

SIGNATURE OF AUTHORIZED OFFICER